

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2367

1 74 DEATH 15 IDENTICE	1. PLACE OF DEATH A. COUNTY Maricopa				2. USUAL RESIDENCE (WHERE DECEASED LIVED.) A. STATE Arizona B. COUNTY Maricopa							
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 54 yrs 54 yrs		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix							
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) St. Joseph's Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Route 1 Box 599							
11 164 4 50	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Hubert B. (MIDDLE) Eugene C. (LAST) Geare				4. SEX Male		5. COLOR OR RACE White					
	6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 11 DAY 12 YEAR 1886		8. AGE YEARS 64 MONTHS 1 DAYS 5		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Retired Dairyman					
	9B. KIND OF BUSINESS OR INDUSTRY Dairy		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Belle Plains, Minn.- U. S. A.		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO NO					
1201 IE 0 H 0 18)	14A. FATHER'S NAME Joseph Geare		14B. BIRTHPLACE (STATE OR COUNTRY) New York		15A. MOTHER'S MAIDEN NAME Mary Murphy		15B. BIRTHPLACE (STATE OR COUNTRY) Minnesota					
	16. INFORMANT'S SIGNATURE Mrs. Myrtle Geare				17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 17, 1950							
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.				MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Cerebral Occlusion ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. Arteriosclerosis DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH Dec 9			
ONS SY H TO IAL NCE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)				21C. (CITY OR TOWN) (COUNTY) (STATE)					
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?							
AL NER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1928 P.M. TO Dec 17, 1950 THAT I LAST SAW THE DECEASED ALIVE ON 19 AND THAT DEATH OCCURRED AT 3:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.											
	23A. SIGNATURE Frank J. Murphy				23B. ADDRESS 15 E. Monroe				23C. DATE SIGNED 12-18-50			
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 12-20-50		24C. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery				24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona.			
AL OR R	25A. DATE REC'D BY LOCAL REG. 12/19/50		25B. REGISTRAR'S SIGNATURE Beverly Johnston				26. FUNERAL DIRECTOR'S SIGNATURE H. L. Murphy				27. EMBELLER'S SIGNATURE H. L. Murphy	
	28. ADDRESS Whitney Funeral Home, Phoenix, Arizona.										CERT. NO.	